

# SOLID WASTE FACILITY PERMIT

1. Facility/Permit Number:

03-AA-0001

2. Name and Street Address of Facility:

Amador Co. Sanitary Landfill  
6500 Buena Vista Road  
Ione, CA 95640

3. Name and Mailing Address of Operator:

County of Amador  
Waste Management Dept.  
108 Court Street  
Jackson, CA 95642

4. Name and Mailing Address of Owner:

County of Amador  
108 Court Street  
Jackson, CA 95642

## 5. Specifications:

## a. Permitted Operations:

- ☐ Composting Facility  
(mixed wastes)  
☐ Composting Facility  
(yard waste)  
☒ Landfill Disposal Site  
☐ Material Recovery  
Facility

- ☐ Processing Facility  
☐ Transfer Station  
☐ Transformation Facility  
☒ Other: Class II Impoundment

## b. Permitted Hours of Operation:

Public: 9 am to 5 pm, 7 days/week excluding major holidays  
Franchise Haulers: 5 am to 10 pm, 7 days/week.

## c. Permitted Tons per Operating Day:

Total: 810 Tons/Day

Non-Hazardous - General  
Non-Hazardous - Sludge  
Non-Hazardous - Separated or comingled recyclables  
Non-Hazardous - Other (See Section 14 of Permit)  
Designated (See Section 14 of Permit)  
Hazardous (See Section 14 of Permit)

225 Tons/Day  
20 Tons/Day  
7 Tons/Day  
5 Tons/Day  
420 Tons/Day  
133 Tons/Day

## d. Permitted Traffic Volume:

Total: 200 Vehicles/Day

Incoming waste materials  
Outgoing waste materials (for disposal)  
Outgoing materials from material recovery operations

195 Vehicles/Day  
0 Vehicles/Day  
5 Vehicles/Day

## e. Key Design Parameters (Detailed parameters are shown on site plans bearing LEA and CIWMB validations):

Permitted Area (in acres)

Design Capacity

Max. Elevation (Ft. MSL)

Max. Depth (Ft. BGS)

Estimated Closure Date

Total	Disposal	Transfer	MRF	Composting	Transformation
113 a	74 a	a	a	a	a
	2,230,000cy	tpd	tpd	tpd	tpd
	400 ft				
	40 ft				
	2,006				

This permit is granted solely to the operator named above, and is not transferable. Upon a change of operator, this permit is no longer valid. Further, upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached permit findings and conditions are integral parts of this permit and supercede the conditions of any previously issued solid waste facility permits.

## 6. Approval:

Approving Officer Signature

James B. McClenahan, M.D.

Name/Title Amador County Health Officer

## 7. Local Enforcement Agency Name and Address:

Amador County Health Department  
108 Court Street  
Jackson, CA 95642

## 8. Received by CIWMB:

FEB 11, 1994

## 9. CIWMB Concurrence Date:

FEB 24 1994

## 10. Permit Review Due Date:

3/11/99

## 11. Permit issued Date:

3/11/94